

FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

4624

Registration District No. 851

Primary Registration District No.

4520

Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Sullivan  
(b) City or town Osgood  
(c) Name of hospital or institution: 1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community Life \_\_\_\_\_  
years, months or days) (Specify whether

3. (a) PRINT FULL NAME ELIZA ANN SMITH

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 16 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 10 25 hr. min.

9. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Jackson 9  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Chestnut 9  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Smith

(b) Address Osgood Mo

17. (a) Burial (b) Date thereof 1-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union House

18. (a) Signature of funeral director P. K. Payne

(b) Address Osgood Mo

19. (a) 1-14-41 (b) Paula Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Osgood 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 710 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1941 hour 3:30 minute am M.

21. I hereby certify that I attended the deceased from 1-1-1940 to 1-11-1941  
that I last saw her alive on 10-8-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo-nephritis 1 yr  
Cystitis chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocarditis Chronic 25 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 977

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Weston (M. D. 0)

Address Osgood Mo Date signed 1-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-41-355-

Date Filed FEB 15 1941

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**